



Organization: Integrate Health

Project Name: Empowering Female Community Health Workers to Provide Integrated Primary Care in Remote Communities in Northern Togo, West Africa

Grant Amount: \$75,000

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Recap briefly what outcomes the project was designed to achieve.

The primary goal of the Empowering Female Community Health Workers to Provide Integrated Primary Care in Remote Communities in Northern Togo, West Africa is to replicate the impact observed in Integrate Health's pilot of the Integrated Primary Care program in new communities and to empower more female CHWs to save an even greater number of lives. Over the duration of the project, IH will recruit, train, and equip 132 new individuals to serve as CHWs in their communities. Empowered with the necessary skills and resources, motivated CHWs, who may have never had a chance to complete formal education, will provide home-based care and referrals to pregnant women and children under five in the Kozah, Bassar, Dankpen, Binah, and Kéran Districts of northern Togo.

Has funding changed for this project? For example, have you received unexpected funding from another source?

There have been no major funding changes for this project.

Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliations, loss of large funding or other significant changes?

There have been no major changes for this project.

Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under *Number of women and girls Directly Impacted and population Indirectly Impacted*.

IH initially aimed to serve 76,409 women and children under five within a catchment area of 200,000. In December 2018, IH finalized annual household surveys and discovered new population estimates were 28% larger than initially expected. From these surveys, IH determined it will serve 109,392 women and children under five within a catchment area of 240,000 by 2021. This represents 59,542 women of reproductive age, and 49,490 children under five living in the five target catchment areas, Kozah, Bassar, Dankpen, Kéran and Binah districts. For Year 1 (2019) indirect beneficiaries has changed from 35,659 to 65,538. In Year 2 (2020), IH will serve an additional 20,688 indirect beneficiaries, up from 11,670. Lastly, in Year 3 (2021) the indirect beneficiaries served will be an additional 23,166, a change from 11,670.

With these updated population estimates, IH realized that coverage indicators were significantly less than previously thought, and adjusted facility-based delivery target to 56%, and contraceptive coverage rate target to 14%, both by 2021.

What challenges are you facing as you move forward with this project? How are you approaching the new challenges?

Each time IH expands the Integrated Primary Care program into a new district, new challenges that are unique to the district arise. In this reporting period, IH noticed a heavier reliance on traditional medicines and customs in the newest district, the Dankpen district, compared to the Kozah or Bassar districts. This reliance has had an effect on home-based deliveries. Even though women are informed that point-of-care fees are waived for facility deliveries, IH found that home-based deliveries remained high even after the Integrated Primary Care program launched. After investigation through community and CHW meetings, IH discovered that to visit the clinics, pregnant women needed to cross through areas that are traditionally thought to cause harm to pregnancies. Women were choosing to deliver at home instead of traveling through this area deemed dangerous due to traditional custom. To address this concern, IH trained CHWs, in partnership with health center staff and community leaders, to share key messages with pregnant women and their partners to help explain the risk of home-based deliveries. Prior to launching the campaign, facility-based deliveries in Dankpen were on average 50 per month. After the campaign, the average has increased to 78 facility-based deliveries per month.

Lastly, IH has formed a partnership with traditional healers in each of the existing districts, which includes a training on the identification of common danger signs of illness for pregnant women and children under five. During the next reporting period, IH will extend this training to traditional healers in the Dankpen district to increase the collaboration between traditional healers and health centers. IH is confident that by training and working with the traditional healers, more dangerous cases will be referred to the health centers. This collaboration has been important in the Kozah and Bassar districts, and IH expects it to be the same in the Dankpen district.

IH will continue to use community meetings, both during planning phases and throughout the duration of IH's work in a community, to provide invaluable community feedback, reinforce accountability, and ensure that IH is fulfilling our commitment to meet the expressed needs of the communities we serve.

Have you revised your original objectives since the project began? If so, why? What are your new objectives?

The Empowering Female Community Health Workers to Provide Integrated Primary Care in Remote Communities in Northern Togo, West Africa project, aims to achieve the following three outcomes:

- Increase facility-based delivery rates to 64%
 - *Updated to 56% based on updated population estimates*
- Ensure child health coverage of 89%
- Increase contraceptive coverage to 24%
 - *Updated to 14% based on updated population estimates*

Although the outcomes have changed based on the updated population estimates, they still lead to an increased number of women and children accessing and utilizing high quality healthcare services, which will in turn lead to improved health outcomes for women and children.

What progress have you made toward achieving your objectives? Please address each stated objective.

IH has achieved the following progress towards objectives:

- Increase facility-based delivery rates to 56%
 - IH has achieved 54% facility-based delivery rate
- Ensure child health coverage of 89%
 - IH has achieved 157% child health coverage rate (exceeds 100% due to clinics serving patients outside of catchment area)
- Increase contraceptive coverage to 14%
 - IH has achieved 23% contraceptive coverage rate

Do you anticipate any difficulties in completing your project in the timeline outlined in your proposal?

IH has successfully expanded the Empowering Female Community Health Workers to Provide Integrated Primary Care in Remote Communities in Northern Togo, West Africa project to the Bassar district in July 2018 and the Dankpen district in July 2019 as planned. Currently, the IH Program team is preparing for the launch of services in Kéran district, scheduled to launch in July 2020. The final district, the Binah district, is on track to launch services in July 2021. All hiring, training, and active case finding of CHWs, mentorship of clinical staff, procurement of medicines and essential commodities, and infrastructure improvements are on track.

Conclusion

IH is deeply grateful for the thoughtful and supportive partnership of Dining For Women and sincerely appreciates your generous support.



New CHWs in Dankpen district receive their backpacks and supplies during ceremonial community meetings to launch the Integrated Primary Care program.



CHWs present data to their community during community meetings in the Kozah district.